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## COGNITIVE-BEHAVIORAL THERAPY (CBT) FOR POST-TRAUMATIC STRESS DISORDER (PTSD) ON VETERANS AND ITS RELATIONSHIP TO SUICIDAL THOUGHTS

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COGNITIVE-BEHAVIORAL THERAPY FOR POST-TRAUMATIC STRESS  
DISORDER ON VETERANS AND ITS RELATIONSHIP TO SUICIDAL  
THOUGHTS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Peggy Erwin  
June 2018

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## ABSTRACT

This research project demonstrates the importance of the use of Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder and its relationship to the frequency of suicidal thoughts in veterans through the use of the positivist paradigm. The correlation that was found showing that Cognitive Behavioral Therapy does reduce the frequency of suicide ideation through the collection of quantitative data, and the understanding of Cognitive Learning Theory it is this study offers clinicians another tool to combat suicide in veterans.

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## CHAPTER ONE

### ASSESSMENT

#### Introduction

Chapter one introduces the topic of cognitive-behavioral therapy (CBT) for Post-Traumatic Stress Disorder (PTSD) in Veterans and its relationship to suicidal thoughts. It discusses the selected paradigm, and includes the literature review which examines PTSD, its prevalence in veterans, CBT, suicide, and CBT as a method of treatment. This chapter also presents the theoretical presentation and the study's potential impact.

#### Research Focus and/or Question

This research project demonstrates the importance of the use of cognitive-behavioral therapy for Post-Traumatic Stress Disorder (PTSD) and its relationship to the frequency of suicidal thoughts. By identifying a correlation between the independent variable which is the treatment of PTSD with cognitive behavioral therapy, and a reduction in the dependent variable, the frequency of thoughts of suicide thoughts. This correlation clearly reveals the effectiveness of this treatment option when dealing with both suicide ideation and PTSD as separate issues or when treating a client diagnosed with both.

#### Paradigm and Rationale for Chosen Paradigm

This study was conducted using the positivist paradigm. The researcher had no direct interaction with the test subjects other than posting link to the survey. The subject matter that the survey addressed was unaffected by any

influence from the researcher which is in line with the positivist worldview. The use of quantitative data was decided to most aptly reveal whether a correlation exists between the use of cognitive-behavioral therapy, a therapy “that treats problems and boosts happiness by modifying dysfunctional emotions, behaviors, and thoughts” (McGrath & Maranon, n.d.) and the frequency of suicidal thoughts. This correlation would be represented best by a much larger survey group than would be feasible by the other paradigms. Furthermore, the introduction of qualitative data by using one of the other paradigms may have muddled this correlation with erroneous information. The need for quantitative data that can be analyzed to show a direct correlation is also in line with the logical stance taken by a more positivist approach.

## Literature Review

### What is Post Traumatic Stress Disorder?

Post-Traumatic Stress Disorder is a mental health disorder that has risen among military service members and veterans. From the Gulf wars “casualties of a different kind are beginning to emerge - invisible wounds, such as mental health conditions and cognitive impairments resulting from deployment experiences. These deployment experiences may include multiple deployments per individual service member and exposure to difficult threats” (Tanielian & Jaycox, 2008 P. xix). These difficult threats can lead to Post-Traumatic Stress Disorder or PTSD which is caused by the “exposure to any potentially traumatic event— such as physical or sexual abuse, natural disaster, being threatened with

death, observing death, or taking someone else's life" (Institute of Medicine, 2014, P. 13-14). It can present itself with the following symptoms: reliving the traumatic event through nightmares or flashbacks, avoiding things that remind the sufferer of the event, distorted thinking and memories of the event, feelings of emotional numbness, hypervigilance or feeling of constant arousal and reactivity to things (Institute of Medicine, 2014).

#### Frequency of Post Traumatic Stress Disorder in Today's Military

One study shows that, "at least 20% of Iraq and Afghanistan veterans have PTSD and/or Depression" (Veterans statistics: PTSD, Depression, TBI, Suicide, 2015). A comprehensive analysis, published in 2014, found that for PTSD: "Among male and female soldiers aged 18 years or older returning from Iraq and Afghanistan, rates range from 9% shortly after returning from deployment to 31% a year after deployment. A review of 29 studies that evaluated rates of PTSD in those who served in Iraq and Afghanistan found prevalence rates of adult men and women previously deployed ranging from 5% to 20% for those who do not seek treatment, and around 50% for those who do seek treatment" (Veterans statistics: PTSD, Depression, TBI, Suicide, 2015). A separate study shows that 11-20 % of Veterans that served in the Operations Iraqi Freedom and Operations Enduring Freedom have PTSD in a given year (PTSD: National Center for PTSD, 2016).

### Cognitive Behavioral Therapy

“Cognitive behavioral therapy (CBT) is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people’s difficulties, and so change the way they feel. It is used to help treat a wide range of issues in a person’s life . . . CBT works by changing people’s attitudes and their behavior by focusing on the thoughts, images, beliefs and attitudes that are held (a person’s cognitive processes)”( Martin, B. 2016). This changing of behavior will allow the PTSD sufferer to better handle the feelings they are experiencing. “Research shows it (CBT) is the most effective type of counseling for PTSD” (PTSD: National Center for PTSD, 2016). CBT’s role in the treatment of PTSD is quite evident.

### Suicide Problems Among Veterans.

The Department of Veterans Affairs estimates that an average of 20 Veterans died from suicide every day in the year 2014. 18% of all of the adult suicide deaths in the US were Veterans, an astonishing number considering that only 8.5 % of the US population are considered Veterans (VA Suicide Prevention Program Facts about Veteran Suicide, 2016). Two studies have shown that PTSD is a risk factor for suicidal thoughts increasing the probability of suicide ideation up to three times (PTSD: National Center for PTSD, 2016).

With the increased number of Service member’s that have come back from war and given a PTSD diagnosis there is more data on the treatment

success of Cognitive Behavioral Therapy. Now that suicide among Veteran's has become almost an epidemic, now is the time for study into possible treatments. There currently are few studies that "provide cautious optimism that CBT is effective in reducing suicide attempts. However, there continues to be a great need for more studies, that are adequately powered and that not only examine the effectiveness of CBT in reducing predictors of suicide" (Matthews, 2013). Though there are some prior studies that show that CBT is an effective treatment there is need for more. This stresses the importance of this particular study.

#### Theoretical Orientation

This research study involved the study of learning theory. "Behavioral modification involves the therapeutic application of learning theory principles. Much evidence supports the effectiveness for a wide variety of human problems and learning stations" (Zastrow & Ashman, 2016, P. 195). More specifically the study focused on cognitive learning theory. "Cognitive Learning Theory is a broad theory that explains thinking and differing mental processes and how they are influenced by internal and external factors in order to produce learning in individuals. When cognitive processes are working normally then acquisition and storage of knowledge works well, but when these cognitive processes are ineffective, learning delays and difficulties can be seen." (Cognitive Learning Theory, n.d.). The use of cognitive-behavioral therapy can be described as a learned behavior. As previously discussed CBT includes the modification of the PTSD sufferer's current behavior with a new learned behavior to allow them to be

better equipped to deal with the emotions that result from a situation. The study intended to show that this learned behavior can also be applied to reduce the incidence of suicidal thoughts.

#### Potential Contribution of Study to Micro and/or Macro Social Work Practice

By showing a positive correlation between cognitive-behavioral therapy for Post-Traumatic Stress Disorder and the reduction of suicidal ideation, this study further assist mental health clinicians with selecting a successful treatment option when dealing with PTSD and those experiencing suicidal thoughts. Social workers and other clinicians potentially have another tool in which to combat the problem of suicide in veterans.

#### Summary

Chapter one discussed how the positivist approach is more suited to this study. It discussed how learning theory was looked at in depth through CBT. The chapter also provided the literature review and discussed how the study may impact social work.

## CHAPTER TWO

### ENGAGEMENT

#### Introduction

Chapter two discusses the study site for this research project including the engagement strategies for the study site. It also covers the preparation that was made for the project and how diversity, ethical and political issues were addressed. Finally, it discusses the role technology played in the engagement phase of the project.

#### Study Site

The study site for this research project was a Facebook group that was created by the researcher for the purpose of creating a survey pool of Veterans from various other Facebook Veterans groups.

#### Engagement Strategies for Gatekeepers at Research Site

The researcher engaged Veterans groups and organizations via the study site by contacting them through Facebook's messaging feature, informing them of the purpose of the research project and asking them to post a message to their members inviting them to join the created group if they wish to participate.

#### Self-Preparation

Preparation for the study included a literature review by the researcher in which previous studies were explored and data relevant to the topic was examined to ensure that the topic is fully understood. The Facebook group for the study was created, and engagement began with the other Veteran's



Facebook groups. Also, the self-administered questionnaire was created within the selected online survey site.

### Diversity Issues

The study focused upon veterans who suffer from Post-Traumatic Stress Disorder and this was the only restrictive characteristic of the participants in the survey. The study did not discriminate against anyone with this characteristic in the collection of data. Data was accepted from all ages, ethnic and cultural backgrounds, religions, and genders. The study was conducted confidentially and none of these factors are being considered within the correlation that the study is attempting to show. As the researcher does not fall within the parameters of the survey group, care was taken to ensure that they were treated professionally and with respect.

### Ethical Issues

The topic of PTSD diagnosis and thoughts of suicide ideation are extremely personal in nature and may not be something that everyone is willing to share. The purpose of the study and the potential contribution that the study might have was shared with the participants to signify its importance in an effort to encourage participation. The survey was confidential as there was no potentially identifying information collected, this fact was pointed out to the potential participants prior to their participation. Due to the nature of the study, information was also provided to the participants regarding where help can be sought for help in dealing with any suicidal thoughts they may be experiencing.

Great care was taken to ensure the study is confidential and that participation is strictly voluntary and that the survey could be terminated at any time.

#### Political Issues

The subject of war and the treatment of soldiers and veterans is deeply rooted in the politics of today. The study used care to steer clear of these political points as the reasons for war are not at the heart of the study. The study's focus remained on the quality of care given to soldiers and veterans.

#### The Role of Technology in Engagement

Technology played a large role in the study as the study site was created online, leading to the engagement of other Veterans' groups. The survey was also administered via an internet survey and distributed via a link.

#### Summary

This chapter discussed the study site and how it was created. The engagement that was conducted through the study site to other Veterans groups was also discussed. Self-preparation for the researcher prior to the collection of data was explained as well as the potential diversity, ethical, political issues in regards to the study. Finally, the large role technology plays in the study was addressed.

## CHAPTER THREE

### IMPLEMENTATION

#### Introduction

This chapter discusses the selection of participants. The methodology that was used in the gathering and analyzing of data, the termination of the study and dissemination of the study at its conclusion.

#### Study Participants

The participants of this study are veterans that served in all branches of the military. They have also been diagnosed with Post-Traumatic Stress Disorder, have experienced thoughts of suicide, and have been treated with cognitive-behavioral therapy.

#### Selection of Participants

Participants for the research project were recruited via a Facebook group for veterans that was created by the researcher. Through this group, the researcher contacted other Facebook groups that were veteran centric to inform them of the study and ask them to pass along information about the study to their member base and ask for volunteers for the study. In order to volunteer to participate in the study the participants needed to join the researcher created group or take the survey posted by their group's administrator. The survey was provided via a link to the survey administration site, SurveyMonkey.com. Collecting study participants in this manner ensured that the study participants were not coerced and that participation was completely

voluntary. The participants had to have been veterans, have a diagnosis of PTSD, and have been treated by cognitive behavioral therapy. There were no other restrictions based upon age, ethnicity, religion, or sex. The Facebook created group was given the name "Masters of Social Work Research Project - Veterans". No personal health information was collected. There was no image selected for the group and the group was set to secret. A secret group does not appear in searches. The group was not tied to any personal user accounts. I have reviewed Facebook's Terms of Use and as there is no data being collected from Facebook itself (i.e. profile data) and the site is only being used as a medium in which to distribute the link to the survey collection site and the completed research project, there was no breach of Facebook Terms of Use Agreement. All demographic information was completed in the data collection instrument on SurveyMonkey.com, the only contact made with participants through Facebook was to distribute the survey via a link. There was no soliciting or advertising of services or products done by the group. The group will be deleted two weeks after the completed research project has been shared to the group. The study did not purchase advertising from Facebook so they did not need to review anything beforehand.

### Data Gathering

A survey was administered to veterans, through a created Facebook group that reached out to other Veteran based Facebook groups that are veteran centric, these Facebook groups had the option to decide whether they would like

to pass the invitation to their members to have them either join the group or they could share the link with their members themselves. A link to the survey was the only post made to the Facebook group once data collection began. Posting by the members was disabled to prevent members from sharing survey results. Once the survey link was made available the survey was self-administered. Though the group members could be identified while in the group, there is no way to tie the group members to their survey nor was there any way to tell if every member in the group had taken the survey. The group members had the option to leave the group at any time for any reason.

#### Phases of Data Collection

Data collection began once the literature review was conducted, the survey questions had been fully developed, and IRB approval was given. Collection continued until there was reasonable time remaining to analyze the results and present the data in the research study paper. Once the survey had been constructed on SurveyMonkey.com the link to the survey was sent to the members of the Facebook group that has been created and given to the administrators of the other Facebook groups. The notification containing a link to the survey was sent to all members weekly throughout the data collection process.

#### Data Recording

The data was recorded by the internet survey site SurveyMonkey.com. SurveyMonkey.com offers analysis tools and kept the data organized until it was

ready for analysis. [www.surveymonkey.com](http://www.surveymonkey.com)'s tools were used for charting the collected data.

### Data Analysis

The quantitative data was collected utilizing the website [www.surveymonkey.com](http://www.surveymonkey.com). The two variables for the study were the independent variable: treatment through cognitive behavioral therapy, and the dependent variable: frequency of suicide ideation. The participants were asked about the frequency of suicidal thoughts prior to their treatment, this was the control group. They were also asked about the frequency of their suicidal thoughts at the present time after they have undergone treatment. These two data sets were compared utilizing a paired T-test. Once the project was completed, all data was erased by deleting it from the [www.surveymonkey.com](http://www.surveymonkey.com) site.

### Termination and Follow Up

Just prior to the conclusion of the data collection phase of the research project, the notifications to the Facebook group informing the members about the survey was stopped. Notifications were included regarding hotlines that could be called if the members were experiencing thoughts of suicide. There was no other follow up that was needed.

### Communication of Findings and Dissemination Plan

Once the data was analyzed and completed I shared the research with the members of the Facebook group by posting a link to the completed research paper.

## Summary

The participants of the study were selected via Facebook through a Facebook group created and operated by the researcher. The data was collected and analyzed using the tools that were available through the internet survey service SurveyMonkey.com. The research results was shared with the participants through the Facebook group.

## CHAPTER FOUR

### EVALUATION

#### Introduction

Chapter 4 discusses the data that was collected and the t-test that was performed. This chapter also presents the results of the data analysis, a review of the demographic data, and the implications for social work micro practice.

#### Data Analysis

The demographic characteristics of the qualified respondents were 86.4% female and 13.6% male. The respondents reported their age as 9.1% percent were 25-35, 50% were 35-45, 13.6% were 45-55, and 27.3% were 55-65 years of age. The ethnicity of the respondents was 63.6% Caucasian, 9.1% African-American, 9.1% Latino, 9.1% Native American, 4.5% Pacific Islander, and 4.5% Multi-Racial. All of the respondents are United States veterans with 59.1% having served in the Army, 18.2% in the Air Force, 18.2% in the Navy, and 4.5% in the Coast Guard. Only 40.9% had been deployed to Iraq, Afghanistan, or Kuwait, the other 59.1% stating they did not.

All of the respondents had been diagnosis with PTSD, had undergone treatment for it, and had experienced thoughts of suicide.

As shown in Table 1, prior to treatment the frequency of suicidal thoughts were reported as being several times per month by 37.5%, 1-3 times per week by 20.8%, 4-5 times per week by 12.5%, and daily by 29.2%.



Table 1. Frequency of Suicidal Thoughts Before Cognitive Behavioral Therapy.

If yes, how often would you have these types of thoughts?			
	Frequency	Percent	Cumulative Percent
Several times per month	9	40.9	40.9
1-3 times per week	4	18.2	59.1
4-5 times per week	3	13.6	72.7
Daily	6	27.3	100.0
Total	22	100.0	

All of the respondents replied that they had been taught skills to use when they would begin experiencing anxiety or panic attacks. Table 2 shows that 63.6% of respondents were exposed to their known triggers during treatment to induce anxiety so they could practice their skills and % were not.

Table 2. Exposure to Triggers to Practice Skills

During this treatment were you exposed to your known triggers to induce anxiety so you can practice your skills?			
	Frequency	Percent	Cumulative Percent
Yes	14	63.6	63.6
No	8	36.4	100.0
Total	22	100.0	

Table 3 shows that 77.3% of respondents were asked to document their anxiety so the healthcare provider could discuss these with them at a later time while 22.7% were not.

Table 3. Documenting Anxiety and Panic Attacks

During your treatment were you asked to document your incidents of anxiety (when, where and how) and did the healthcare provider discuss these with you in a later session?			
	Frequency	Percent	Cumulative Percent
Yes	17	77.3	77.3
No	5	22.7	100.0
Total	22	100.0	

Table 4 shows that 68.2% of the respondents continue to use the skills they were taught while 31.8% do not.

Table 4. Still Using Learned Skills

Do you continue to utilize the skills the healthcare provider taught you?			
	Frequency	Percent	Cumulative Percent
Yes	15	68.2	68.2
No	7	31.8	100.0
Total	22	100.0	

Table 5 shows that 63.6% of respondents report that they are still experiencing incidents of suicidal thoughts while the other 36.4% do not.

Table 5. Experiencing Suicidal Thoughts After Cognitive Behavioral Therapy.

At your current state of treatment do you still experience suicidal thoughts?			
	Frequency	Percent	Cumulative Percent
Yes	14	63.6	63.6
No	8	36.4	100.0
Total	22	100.0	

Table 6 shows that after CBT treatment 36.4 percent of respondents no longer experience suicidal thoughts, 40.9% experience them several times per month, 9.1 percent experience them 1-3 times per week, and 13.6 percent experience them daily.

A paired-samples t-test was conducted to compare the frequency of suicidal thoughts in veterans with PTSD before treatment with CBT and after treatment with CBT. There was a significant difference in the frequency of suicidal thoughts before CBT ( $M=2.27$ ,  $SD=1.28$ ) and in the frequency of suicidal thoughts after CBT ( $M=1.14$ ,  $SD=1.32$ ) conditions;  $t(21) = 3.36$ ,  $p = .003$ .

Table 6. Frequency of Suicidal Thoughts After Cognitive Behavioral Therapy

If yes, how often do you have these types of thoughts?			
	Frequency	Percent	Cumulative Percent
No longer experience	8	36.4	36.4
Several times per month	9	40.9	77.3
1-3 times per week	2	9.1	86.4
Daily	3	13.6	100.0
Total	22	100.0	

There were a total of 22 qualified respondents out of the 48 total respondents to the survey. Those that did not qualify were removed from the data set for incomplete surveys, they had not received treatment for their suicidal thoughts, had not received a PTSD diagnosis or they had been found to not have received CBT treatment.

#### Data Interpretation

The purpose of this study was to show a correlation between the treatment of Post-Traumatic Stress Disorder in veterans with cognitive-behavioral therapy and the frequency of suicidal thoughts. Twenty-two participants answered questions regarding information about their demographics, their military service, types of treatments, and the frequency of suicidal thoughts both before and at the time they were taking the survey. All data was collected confidentially online and analyzed.

The t-test results have rejected the null hypothesis that there is no correlation between the treatment of PTSD with cognitive behavioral therapy and a reduction in the frequency of suicidal thoughts.

The majority of participants, 63.6% (14 individuals), did experience a reduction in the frequency of suicidal thoughts after their cognitive-behavioral therapy treatment with 57% of those (8 individuals) stating they no longer have any suicidal thoughts at all. This is a sharp contrast to the 22.7% (5 individuals) who saw no change or the 13.6% (3 individuals) that saw an increase in frequency. Of the individuals who experience no change or saw an increase in frequency of suicidal thoughts 62.5% (5 individuals) answered “No” when asked if they still utilize the skills the healthcare provider taught them. Conversely, of those who saw a reduction in the frequency of suicidal thoughts only 14.2% (2 individuals) of them stated that they no longer utilized these skills. All participants that no longer experience suicidal thoughts answered that they still utilize these skills.

The demographics of those who no longer experienced any suicidal thoughts matched the distribution of the demographics of the survey and were not found to be significant.

#### Implications of Findings for Micro and/or Macro Practice

The correlation shown in this study between cognitive-behavioral therapy for PTSD treatment and the decrease in the frequency of suicidal thoughts suggests that the skills that are taught to those suffering from PTSD could be

utilized by micro practice social workers as an ongoing tool their client can use on their own when they begin to experience thoughts of suicide. This is especially crucial when considering the previously mentioned statistics that 20 veterans are taking their life each day. Though CBT may not be the best for those that are currently experiencing a crisis. The use of CBT for those that have had suicidal thoughts in the past or those who have been identified to have risk factors can give the veteran skills that they can use when their suicidal thoughts return. Working with clients to change the behavior associated with their suicidal thoughts can be a valuable tool to assist those that frequently experience these thoughts. Over time the client will be able to identify when they may begin experiencing thoughts of suicide and be able to rationalize and be better prepared to deal with them or reach out for help sooner rather than later. On a macro level this study should show that there is a need for further studies to determine if CBT is the best method to use or how effective CBT is in those experiencing suicidal thoughts that do not have PTSD. These findings can also assist both veterans and civilian organizations that work with those who frequently experience suicidal thoughts in coming up with new initiatives to reduce suicide rates. With veteran suicide rates at epidemic levels there is much more that needs to be done.

### Summary

Chapter 4 discussed the data and how it was analyzed, Tables were provided to show the responses of the participants. The data was presented and

analyzed. The potential implications for both micro and macro practice were also discussed.

## CHAPTER FIVE

### TERMINATION AND FOLLOW UP

#### Introduction

Chapter 5 will discuss the termination process of the study. It covers how the findings of the research will be communicated to the study site and its participants and will discuss if any ongoing relationships with the study participants are occurring. Lastly it will review a dissemination plan.

#### Termination of Study

This study was terminated when the survey link at SurveyMonkey.com was taken down. No further participants were sent to the weblink and any connections to the participants of the study ended after they had completed the survey. The writing of this research paper and the presentation of a poster California State University San Bernardino concludes the termination process.

#### Communicating Findings to Study Site and Study Participants

The study site and the participants of the study will be informed of the results via a link of the completed research paper once it has been published publicly to CSUSB ScholarWorks. This link will be provided to the administrators of the Facebook groups from which the participants were solicited.

#### Ongoing Relationship with Study Participants

Once the link to the study has been provided to the participants the relationship to the participants will be concluded. Since the study was a one-time cross-sectional study there is no on-going relationship with the study participants.



### Dissemination Plan

Administrators, faculty, social work students will be presented with the results at the California state University San Bernardino's School of Social Work poster day event.

### Summary

Chapter 5 discussed the termination of the relationship between the researcher and the participants. A dissemination plan was discussed and how findings would be made available both publicly online and at the poster day event at CSUSB. Finally, it was explained that since the study is a one-time cross-sectional study no further relationship is needed with the participants.

APPENDIX A  
QUESTIONNAIRE

Data collection instrument Survey via Surveymonkey.com

Questions 1-3 determine your veteran status in relation to the survey.

1. Are you a United States Veteran?  
Yes  
No
2. In what branch of the service did you serve?  
Army  
Air force  
Marines  
Navy
3. Were ever deployed to Iraq, Afghanistan, or Kuwait?  
Yes  
No

Questions 4 & 5 determine if you have been diagnosed with PTSD

4. Have you received a diagnosis of Posttraumatic Stress Disorder (PTSD)?  
Yes  
No
5. Have you received treatment for your PTSD diagnosis?  
Yes  
No

Question 6 and 7 is used in establishing a baseline

6. Prior to your PTSD treatment did you experience thoughts of suicide?  
Yes  
No
7. If yes, how often would you have these types of thoughts?  
Several times per month  
1-3 times per week  
4-5 times per week  
Daily

Questions 8 – 11 will determine if you were treated with Cognitive Behavioral Therapy.

8. During your treatment did the doctor teach you skills to use when you begin experiencing anxiety or panic attacks?  
Yes  
No
9. During this treatment where you exposed to your known triggers to induce anxiety so you can practice your skills?  
Yes  
No
10. During your treatment were you asked to re-evaluate your thought processes, this would include documenting when, where, how and what you experienced anxiety incidents and re-evaluating these incidents with your provider?  
Yes  
No
11. Do you continue to utilize the skills the healthcare provider taught you?  
Yes  
No
12. At your current state of treatment do you still experience suicidal thoughts?  
Yes  
No
13. If yes, how often do you have these types of thoughts?  
Several times per month  
1-3 times per week  
4-5 times per week  
Daily

The following questions are optional and are only used for demographic information

14. What is your gender?  
Female  
Male  
Others

15. What is your current age?

- 18-25
- 25-35
- 35-45
- 45-55
- 55-65
- Over 65

16. What is your ethnicity?

Caucasian  
African American  
Latino  
Native American  
Asian/Pacific Islander  
Multi-racial  
Other

APPENDIX B  
INFORMED CONSENT



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**College of Social and Behavioral Sciences**  
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**INFORMED CONSENT**

The study in which you are asked to participate is designed to explore the effect Cognitive Behavioral Therapy has on the frequency of suicidal thoughts in Veterans with PTSD. The study is being conducted by Peggy Erwin, MSW student, under the supervision of Dr. Brooklyn Levine-Sapozhnikov, Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the University Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to explore the effect Cognitive Behavioral Therapy (CBT) has on the frequency of suicidal thoughts in Veterans with PTSD.

**DESCRIPTION:** Participants will be asked to complete a self-administered questionnaire regarding basic military service demographics, if they have combat experience, if they have a PTSD diagnosis, if they had CBT treatments, and the frequency of suicidal ideation at various points of time.

909.537.5501 · 909.537.7029

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**PARTICIPATION:** Your participation in the study is strictly voluntary. You can refuse to participate in the study or discontinue your participation at any time for any reason.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** The survey will take 5 to 15 minutes to complete.

**Risks:** There are no foreseeable risks to the participants. However, if you are currently experiencing any thought of harming yourself or others please contact the National Suicide Prevention Lifeline at 1-800-273-8255.

**BENEFITS:** The finished research may help clinicians find the best treatment methods for treating veterans with thoughts of suicide.

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**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Brooklyn Levine-Sapozhnikov at 909-537-5238

**RESULTS:** The completed research project will be made available to those who have joined and remained in the Facebook group where the link to the survey was provided. Otherwise please contact Dr. Brooklyn Levine-Sapozhnikov at 909-537-5238 for the results of the study after July, 2018.

**CONFIRMATION STATEMENT:** This is to certify that I have read and understand the information above, and have chosen to participate in this study.

This is to certify that I read the above and I am 18 years or older and consent to participate in the study.

- ☐ Yes  
☐ No

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APPENDIX C  
INSTITUTIONAL REVIEW BOARD

May 26, 2017

**CSUSB INSTITUTIONAL REVIEW BOARD**

Full Board Review

IRB# FY2017-176

Status: **Resubmit, Changes Required**

Ms. Peggy Erwin and Prof. Brooklyn Sapozhnikov  
School of Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Prof. Erwin and Prof. Sapozhnikov:

Your application to use human subjects, titled, "Cognitive-behavioral therapy (CBT) for Post-Traumatic Stress Disorder (PTSD) and its relationship to suicidal thoughts," has been reviewed by the Institutional Review Board (IRB). Your IRB application requires changes/modifications before IRB approval can be granted. Please also note that proceeding without final IRB approval is a violation of the Office of Human Research Protections (OHRP) federal regulations, CSUSB IRB policy, and the CSUSB faculty and student research misconduct policies which could result in an investigation and disciplinary action.

To address and make the changes to your IRB application, select the Edit button and review the IRB's comments in the appropriate sections of the IRB application. The changes are highlighted by a check mark in the sections of the IRB application where changes are needed and/or required. Once the changes have been addressed you will need to resubmit and recertify the application so the board can review your changes. If changes are requested to the informed consent, child assent forms, or other documents please ensure that you upload the revised changes in the appropriate areas of the IRB application and attachments section. See the Cayuse IRB help section (bottom left hand side) identified by a question mark if you need additional assistance and directions on how to address changes and resubmit your application.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This notice does not replace any departmental or additional approvals which may be required. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval identification number (listed at the top) in all correspondence.

The IRB looks forward to reviewing your resubmitted changes and modifications.

Thank you,

*Caroline Vickers*

Caroline Vickers, Ph.D., IRB Chair  
CSUSB Institutional Review Board

CV/MG

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